

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Eastern District of Virginia				Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Labiosa, Edmond David			Name of Joint Debtor (Spouse) (Last, First, Middle): Labiosa, Shelley L												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-7375			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1483												
Street Address of Debtor (No. and Street, City, and State): 3149 Nansemond Loop Virginia Beach, VA <div style="text-align: right; font-size: small;">ZIP Code 23456</div>			Street Address of Joint Debtor (No. and Street, City, and State): 3149 Nansemond Loop Virginia Beach, VA <div style="text-align: right; font-size: small;">ZIP Code 23456</div>												
County of Residence or of the Principal Place of Business: Virginia Beach City			County of Residence or of the Principal Place of Business: Virginia Beach City												
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>												
Location of Principal Assets of Business Debtor (if different from street address above):															
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding											
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.											
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Labiosa, Edmond David

Labiosa, Shelley L

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: - None -

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

☒ /s/ Lorin D. Hay

June 28, 2014

Signature of Attorney for Debtor(s)

(Date)

Lorin D. Hay 16921

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Labiosa, Edmond David

Labiosa, Shelley L

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Edmond David Labiosa
Signature of Debtor Edmond David Labiosa

X /s/ Shelley L Labiosa
Signature of Joint Debtor Shelley L Labiosa

Telephone Number (If not represented by attorney)

June 28, 2014

Date

Signature of Attorney*

X /s/ Lorin D. Hay
Signature of Attorney for Debtor(s)

Lorin D. Hay 16921
Printed Name of Attorney for Debtor(s)

Herrick & Hay, P.C.
Firm Name

281 Independence Blvd.
Pembroke One, Suite 224
Virginia Beach, VA 23462

Address

757-490-8080 Fax: 757-490-6683

Telephone Number

June 28, 2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Eastern District of Virginia**

In re Edmond David Labiosa
Shelley L Labiosa

Debtor(s)

Case No.
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Edmond David Labiosa
Edmond David Labiosa

Date: June 28, 2014

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Eastern District of Virginia**

In re Edmond David Labiosa
Shelley L Labiosa

Debtor(s)

Case No.
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Shelley L Labiosa
Shelley L Labiosa

Date: June 28, 2014

United States Bankruptcy Court
Eastern District of Virginia

In re Edmond David Labiosa,
Shelley L Labiosa

Debtors

Case No. _____

Chapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	311,624.00		
B - Personal Property	Yes	4	501,132.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	7		368,766.21	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		5,012.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	26		200,342.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			6,801.88
J - Current Expenditures of Individual Debtor(s)	Yes	2			6,313.55
Total Number of Sheets of ALL Schedules		49			
Total Assets			812,756.00		
Total Liabilities				574,120.21	

United States Bankruptcy Court
Eastern District of Virginia

In re Edmond David Labiosa,
Shelley L Labiosa

Debtors

Case No. _____

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	5,012.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	43,792.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	48,804.00

State the following:

Average Income (from Schedule I, Line 12)	6,801.88
Average Expenses (from Schedule J, Line 22)	6,313.55
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	8,395.75

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		44,566.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	5,012.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		200,342.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		244,908.00

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
3149 Nansemond Loop Virginia Beach 23456	fee simple	-	311,624.00	356,190.00

Sub-Total >	311,624.00	(Total of this page)
Total >	311,624.00	

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash	H	250.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Deposits with USAA	J	2,338.00
		3 USAA Checking Accounts for Child SSI joint with wife	J	75.00
		SunTrust	W	5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods	J	5,190.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Men's clothing	H	250.00
		women's clothing	-	550.00
7. Furs and jewelry.		Wedding Ring	H	100.00
		Assorted costume jewelry	H	75.00
		Wedding and Engagement Rings	W	5,000.00
		Assorted costume jewelry	W	50.00
8. Firearms and sports, photographic, and other hobby equipment.		Firearm 9mm Ruger	H	200.00

Sub-Total > 14,083.00
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		State Farm Life Insurance Policy 1286-5004	H	14,103.00
		Child's State Farm Life Insurance Policy LF 2327-2371	W	710.00
		Child's State Farm Life Insurance policy 2327-2367	W	627.00
		Child's State Farm Life Insurance Policy 2327-2225	W	781.00
		Child's State Farm Life Insurance policy 2327-8137	W	550.00
		Wife's State Farm Term Life Insurance Policy	W	1.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Virginia Retirement System	W	48,261.00
		Retirement - Valic	W	1,610.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Anticipated 2014 Federal Tax Return	W	2,500.00
		Anticipated 2014 State Tax Return	W	200.00

Sub-Total > 69,343.00
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		social security disability claim	H	1.00
		possible medical malpractice/products liability claim right hip	H	200,000.00
		possible medical malpractice/products liability claim left hip	H	200,000.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2008 Ford Expedition 91,000 miles	J	13,575.00
		2006 Suzuki Vitara	H	3,625.00
		2003 Avenger Utility Trailer	H	500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			

Sub-Total > 417,701.00
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	Inheritance		J	2.00
	Garnishment		J	2.00
	Wages		W	1.00

Sub-Total > 5.00
(Total of this page)
Total > 501,132.00

(Report also on Summary of Schedules)

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Husband's Exemptions			
<u>Cash on Hand</u>			
Cash	Va. Code Ann. § 34-4.1	250.00	250.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Deposits with USAA	Va. Code Ann. § 34-4.1	2,337.00	2,338.00
<u>Household Goods and Furnishings</u>			
Household goods	Va. Code Ann. § 34-26(4a)	2,595.00	5,190.00
<u>Wearing Apparel</u>			
Men's clothing	Va. Code Ann. § 34-26(4)	250.00	250.00
<u>Furs and Jewelry</u>			
Wedding Ring	Va. Code Ann. § 34-26(1a)	100.00	100.00
Assorted costume jewelry	Va. Code Ann. § 34-4	75.00	75.00
<u>Firearms and Sports, Photographic and Other Hobby Equipment</u>			
Firearm 9mm Ruger	Va. Code Ann. § 34-26(4b)	200.00	200.00
<u>Interests in Insurance Policies</u>			
State Farm Life Insurance Policy 1286-5004	Va. Code Ann. § 34-4.1	1,527.23	14,103.00
<u>Other Contingent and Unliquidated Claims of Every Nature</u>			
social security disability claim	42 U.S.C. § 407	1.00	1.00
possible medical malpractice/products liability claim right hip	Va. Code Ann. § 34-28.1	200,000.00	200,000.00
possible medical malpractice/products liability claim left hip	Va. Code Ann. § 34-28.1	200,000.00	200,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2008 Ford Expedition 91,000 miles	Va. Code Ann. § 34-26(8) Va. Code Ann. § 34-4.1	6,000.00 1,575.00	13,575.00
2006 Suzuki Vitara	Va. Code Ann. § 34-4.1	3,625.00	3,625.00
2003 Avenger Utility Trailer	Va. Code Ann. § 34-4.1	500.00	500.00
<u>Other Personal Property of Any Kind Not Already Listed</u>			
Inheritance	Va. Code Ann. § 34-4	1.00	2.00
Garnishment	Va. Code Ann. § 34-4	1.00	2.00

Total:	419,037.23	440,211.00
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1 continuation sheets attached to Schedule of Property Claimed as Exempt

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Wife's Exemptions</u>			
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Deposits with USAA	Va. Code Ann. § 34-4	1.00	2,338.00
3 USAA Checking Accounts for Child SSI joint with wife	42 U.S.C. § 407	75.00	75.00
SunTrust	Va. Code Ann. § 34-4	5.00	5.00
<u>Household Goods and Furnishings</u>			
Household goods	Va. Code Ann. § 34-26(4a)	2,595.00	5,190.00
<u>Wearing Apparel</u>			
women's clothing	Va. Code Ann. § 34-26(4)	550.00	550.00
<u>Furs and Jewelry</u>			
Wedding and Engagement Rings	Va. Code Ann. § 34-26(1a)	5,000.00	5,000.00
Assorted costume jewelry	Va. Code Ann. § 34-4	50.00	50.00
<u>Interests in Insurance Policies</u>			
Child's State Farm Life Insurance Policy LF 2327-2371	Va. Code Ann. § 34-4	710.00	710.00
Child's State Farm Life Insurance policy 2327-2367	Va. Code Ann. § 34-4	627.00	627.00
Child's State Farm Life Insurance Policy 2327-2225	Va. Code Ann. § 34-4	139.00	781.00
Child's State Farm Life Insurance policy 2327-8137	Va. Code Ann. § 34-4	550.00	550.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
Virginia Retirement System	Va. Code Ann. § 34-34 11 U.S.C. § 522(b)(3)(C)	48,261.00 48,261.00	48,261.00
Retirement - Valic	Va. Code Ann. § 34-34 11 U.S.C. § 522(b)(3)(C)	1,610.00 1,610.00	1,610.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2008 Ford Expedition 91,000 miles	Va. Code Ann. § 34-26(8)	6,000.00	13,575.00
<u>Other Personal Property of Any Kind Not Already Listed</u>			
Inheritance	Va. Code Ann. § 34-4	1.00	2.00
Garnishment	Va. Code Ann. § 34-4	1.00	2.00
Wages	Va. Code Ann. § 34-4	1.00	1.00

Total: 116,047.00 79,327.00

Sheet 1 of 1 continuation sheets attached to the Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No.									
Creditor #: 1 Bank of America Home Loans Attn Customer Service PO Box 5170 Simi Valley, CA 93062	-								
		3/06							
		First Mortgage							
		3149 Nansemond Loop Virginia Beach 23456							
		Value \$ 311,624.00						317,425.00	5,801.00
Account No.									
ALG Trustee LLC c/o Atlantic Law Group, LLC P.O. Box 2548 Leesburg, VA 20177									
		Representing: Bank of America Home Loans						Notice Only	
		Value \$							
Account No.									
Atlantic Law Group LLC 1602 Village Market Blvd SE Suite 310 Leesburg, VA 20175									
		Representing: Bank of America Home Loans						Notice Only	
		Value \$							
Account No.									
Brian T. Moynihan, President Bank of America 100 North Tryon St. 18th Fl. Charlotte, NC 28255-0001									
		Representing: Bank of America Home Loans						Notice Only	
		Value \$							
Subtotal (Total of this page)								317,425.00	5,801.00

6 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.	-		11/09				7,296.00	7,296.00
Creditor #: 2 Capital One Bank N.A. P.O. Box 85168 Richmond, VA 23286			Judgment Lien					
			3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00					
Account No.			Representing: Capital One Bank N.A.				Notice Only	
Richard D. Fairbank, President Capital One Bank 1680 Capital One Drive Mc Lean, VA 22102								
			Value \$					
Account No.	-		3/15/2011				5,821.00	5,821.00
Creditor #: 3 Capital One Bank N.A. P.O. Box 85168 Richmond, VA 23286			Judgment Lien					
			3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00					
Account No.			Representing: Capital One Bank N.A.				Notice Only	
Richard D. Fairbank, President Capital One Bank 1680 Capital One Drive Mc Lean, VA 22102								
			Value \$					
Account No.	-		11/09				4,770.00	4,770.00
Creditor #: 4 Central Wholesale Supply Corp Steven W. Dominick, President 1532 Ingleside Rd Norfolk, VA 23502			Judgment Lien					
			3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00					
Subtotal							17,887.00	17,887.00
(Total of this page)								

Sheet 1 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Sheet 1 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
Cooper, Spong & Davis 200 High Street, Suite 500 P.O. Box 1475 Portsmouth, VA 23705			Representing: Central Wholesale Supply Corp				Notice Only	
			Value \$					
Account No.			03/2014					
Creditor #: 5 Courthouse Estates Comm. Assoc Gerri Scholl, President 525 S. Independence Blvd, #200 Virginia Beach, VA 23452		H	Homeowners Association Dues 3149 Nansemond Loop Virginia Beach 23456				246.00	246.00
			Value \$ 311,624.00					
Account No.								
Courthouse Estates Community Association 4542 Bonney Road Ste D Virginia Beach, VA 23462			Representing: Courthouse Estates Comm. Assoc				Notice Only	
			Value \$					
Account No.			04/2014					
Creditor #: 6 Courthouse Estates Comm. Assoc Gerri Scholl, President 525 S. Independence Blvd, #200 Virginia Beach, VA 23452		H	Homeowners Association Dues 3149 Nansemond Loop Virginia Beach 23456				571.00	571.00
			Value \$ 311,624.00					
Account No.								
Law office of William Parkhurs 397 Little Neck Blvd Ste 310 Virginia Beach, VA 23452			Representing: Courthouse Estates Comm. Assoc				Notice Only	
			Value \$					
Subtotal (Total of this page)							817.00	817.00

Sheet 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			5/13					
Creditor #: 7 Courthouse Estates Comm. Assoc Gerri Scholl, President 525 S. Independence Blvd, #200 Virginia Beach, VA 23452		-	Judgment Lien 3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00				732.00	732.00
Account No.								
William B. Parkhurst, Esq. 397 Little Neck Rd. Bldg. 3300S, Ste. 310 Virginia Beach, VA 23452			Representing: Courthouse Estates Comm. Assoc				Notice Only	
			Value \$					
Account No.			12/10					
Creditor #: 8 Ford Motor Credit Company PO Box 390910 Minneapolis, MN 55439		J	Judgment Lien 3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00				15,000.00	15,000.00
Account No.								
Ford Motor Credit Omaha Service Center PO Box 542000 Omaha, NE 68154-8000			Representing: Ford Motor Credit Company				Notice Only	
			Value \$					
Account No.								
Randolph, Boyd, Cherry & Vaughan Ford Motor Credit Company LLC 13 East Main Street Richmond, VA 23219			Representing: Ford Motor Credit Company				Notice Only	
			Value \$					
Subtotal (Total of this page)							15,732.00	15,732.00

Sheet 3 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			1/10					
Creditor #: 9 HSBC Bank Nevada Paul J. Lawrence, President 1800 Tysons Blvd, Ste 50 Mc Lean, VA 22102		-	Judgment Lien 3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00				3,777.00	3,777.00
Account No.								
Dominion Law Associates 222 Central Park Avenue #210 Virginia Beach, VA 23462			Representing: HSBC Bank Nevada				Notice Only	
			Value \$					
Account No.								
HSBC P.O. Box 5253 Carol Stream, IL 60197			Representing: HSBC Bank Nevada				Notice Only	
			Value \$					
Account No.								
HSBC Bank Nevada NA Bass & Associates, P.C. 3936 E. Ft. Lowell Rd, Ste 200 Tucson, AZ 85712			Representing: HSBC Bank Nevada				Notice Only	
			Value \$					
Account No.								
HSBC Bank Nevada NA 222 Central Park Ave Virginia Beach, VA 23462			Representing: HSBC Bank Nevada				Notice Only	
			Value \$					
Subtotal (Total of this page)							3,777.00	3,777.00

Sheet 4 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			9/13					
Creditor #: 10 Sonny's Mechanical Service Inc 4176 South Plaza Trl Ste 128 Virginia Beach, VA 23452		-	Judgment Lien 3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00				262.00	262.00
Account No.								
Sonny's Mechanical Serv. Inc Everette H. Conner, Jr, Pres. 1296 Credle Rd Unit B Virginia Beach, VA 23454			Representing: Sonny's Mechanical Service Inc				Notice Only	
			Value \$					
Account No.								
Thomas & Associates PC 4176 S. Plaza Trail Suite 128 Virginia Beach, VA 23452			Representing: Sonny's Mechanical Service Inc				Notice Only	
			Value \$					
Account No.			5/13					
Creditor #: 11 State Farm Insurance Companies 5400 New Albany Rd East New Albany, OH 43054		-	Life Insurance lien State Farm Life Insurance Policy 1286-5004					
			Value \$ 14,103.00				12,576.21	0.00
Account No.								
State Farm Life Insurance Edward B. Rust, Jr., President One State Farm Plaza Bloomington, IL 61710			Representing: State Farm Insurance Companies				Notice Only	
			Value \$					
Subtotal (Total of this page)							12,838.21	262.00

Sheet 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			9/12					
Creditor #: 12 Warrick of Courthouse Estates 4542 Bonney Road Virginia Beach, VA 23456		-	Judgment Lien 3149 Nansemond Loop Virginia Beach 23456					
			Value \$ 311,624.00				290.00	290.00
Account No.								
Courthouse Estates Comm. Assoc Gerri Scholl, President 525 S. Independence Blvd, #200 Virginia Beach, VA 23452			Representing: Warrick of Courthouse Estates				Notice Only	
			Value \$					
Account No.								
William B. Parkhurst, Esq. 397 Little Neck Rd. Bldg. 3300S, Ste. 310 Virginia Beach, VA 23452			Representing: Warrick of Courthouse Estates				Notice Only	
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet 6 of 6 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

290.00

290.00

Total
(Report on Summary of Schedules)

368,766.21

44,566.00

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			6/2014					
Creditor #: 1 City of Virginia Beach Treasurer 2401 Courthouse Dr. #117 Virginia Beach, VA 23456		J	personal property taxes					0.00
							304.00	304.00
Account No.								
Mark D. Stiles, Esquire Office of the City Attorney 2401 Courthouse Drive Virginia Beach, VA 23456			Representing: City of Virginia Beach				Notice Only	
Account No.			2011					
Creditor #: 2 IRS P.O. Box 7346 Philadelphia, PA 19101-7346		-	941 taxes					0.00
							4,396.00	4,396.00
Account No.								
Civil Process Clerk (BK) United States Attorney's Office 101 West Main Street Norfolk, VA 23510			Representing: IRS				Notice Only	
Account No.								
United States Attorney General U.S. Dept. of Justice, Tax Div P.O. Box 227, Ben Franklin Sta Washington, DC 20044			Representing: IRS				Notice Only	
Subtotal								0.00
(Total of this page)							4,700.00	4,700.00

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			2006					
Creditor #: 3 Virginia Employment Commission 703 East Main Street Richmond, VA 23218-1358		-	unemployment taxes					0.00
							312.00	312.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							312.00	312.00
Total								0.00
(Report on Summary of Schedules)							5,012.00	5,012.00

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 1 Aargon Agency Inc. 8668 W Spring Mountain Las Vegas, NV 89117	H	01/2012 Collections				152.00
Account No. Creditor #: 2 Aargon Agency Inc. 8668 W Spring Mountain Las Vegas, NV 89117	H	01/2012 Collections				76.00
Account No. Creditor #: 3 Asset Acceptance LLC Direct Merchant Bank P.O. Box 2036 Warren, MI 48090-2036	H	05/2014 Credit Card				15,201.00
Account No. Creditor #: 4 Atlantic Anesthesia, Inc. 134 Business Park Drive Virginia Beach, VA 23462	H	Medical				1,000.00
Subtotal (Total of this page)						16,429.00

25 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
G. Byron Work, MD, President Atlantic Anesthesia Inc. 134 Business Park Dr. Virginia Beach, VA 23462		Representing: Atlantic Anesthesia, Inc.				Notice Only
Account No.		Medical				
Creditor #: 5 Atlantic Orthopaedic Specialist 230 Clearfield Avenue Suite 124 Virginia Beach, VA 23462	H					1,000.00
Account No.						
Dr. Paul Warren TRC Center, Suite 124 230 Clearfield Avenue Virginia Beach, VA 23462-1832		Representing: Atlantic Orthopaedic Specialist				Notice Only
Account No.						
J. Abbott Byrd, III MD, Pres. Vann-Virginia Ctr Ortho. P.C. 230 Clearfield Ave., Ste. 124 Virginia Beach, VA 23462		Representing: Atlantic Orthopaedic Specialist				Notice Only
Account No.		03/2014				
Creditor #: 6 Capital One Bank N.A. P.O. Box 85168 Richmond, VA 23286	H					15,116.00
Sheet no. <u>1</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						16,116.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Dominion Law Associates 222 Central Park Avenue #210 Virginia Beach, VA 23462		Representing: Capital One Bank N.A.				Notice Only
Account No.						
Richard D. Fairbank, President Capital One Bank 1680 Capital One Drive Mc Lean, VA 22102		Representing: Capital One Bank N.A.				Notice Only
Account No.		01/2014				
Creditor #: 7 Capital One Bank N.A. P.O. Box 85168 Richmond, VA 23286	H					14,932.00
Account No.						
Dominion Law Associates 222 Central Park Avenue #210 Virginia Beach, VA 23462		Representing: Capital One Bank N.A.				Notice Only
Account No.						
Richard D. Fairbank, President Capital One Bank 1680 Capital One Drive Mc Lean, VA 22102		Representing: Capital One Bank N.A.				Notice Only
Sheet no. <u>2</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						14,932.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 8 Capital One Bank N.A. P.O. Box 85168 Richmond, VA 23286	H	01/2014				7,406.00
Account No. Dominion Law Associates 222 Central Park Avenue #210 Virginia Beach, VA 23462		Representing: Capital One Bank N.A.				Notice Only
Account No. Richard D. Fairbank, President Capital One Bank 1680 Capital One Drive Mc Lean, VA 22102		Representing: Capital One Bank N.A.				Notice Only
Account No. Creditor #: 9 Capital One Bank N.A. P.O. Box 85168 Richmond, VA 23286	H	04/2007				80.00
Account No. Dominion Law Associates 222 Central Park Avenue #210 Virginia Beach, VA 23462		Representing: Capital One Bank N.A.				Notice Only
Sheet no. <u>3</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,486.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Richard D. Fairbank, President Capital One Bank 1680 Capital One Drive Mc Lean, VA 22102		Representing: Capital One Bank N.A.				Notice Only	
Account No. Creditor #: 10 Capital One Bank N.A. P.O. Box 85167 Richmond, VA 23285	H	02/2009 Credit Card				644.00	
Account No. Richard D. Fairbank, President Capital One Bank 1680 Capital One Drive Mc Lean, VA 22102		Representing: Capital One Bank N.A.				Notice Only	
Account No. Creditor #: 11 Cardiovascular Associates LTD 5700 Cleveland Street, Ste 228 Virginia Beach, VA 23462	H	01/2014				40.00	
Account No. Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606		Representing: Cardiovascular Associates LTD				Notice Only	
Sheet no. <u>4</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 684.00	

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Wayne D. Old, President Cardiovascular Associates 5700 Cleveland St., Ste. 228 Virginia Beach, VA 23462		Representing: Cardiovascular Associates LTD				Notice Only
Account No.		11/2010				
Creditor #: 12 Cardiovascular Associates LTD 5700 Cleveland Street, Ste 228 Virginia Beach, VA 23462	H					115.00
Account No.						
Credit Control P.O. Box 120570 Newport News, VA 23612		Representing: Cardiovascular Associates LTD				Notice Only
Account No.						
Wayne D. Old, President Cardiovascular Associates 5700 Cleveland St., Ste. 228 Virginia Beach, VA 23462		Representing: Cardiovascular Associates LTD				Notice Only
Account No.		11/2010				
Creditor #: 13 Cardiovascular Associates LTD 5700 Cleveland Street, Ste 228 Virginia Beach, VA 23462	H					64.00
Sheet no. <u>5</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						179.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Credit Control P.O. Box 120570 Newport News, VA 23612		Representing: Cardiovascular Associates LTD				Notice Only
Account No.						
Wayne D. Old, President Cardiovascular Associates 5700 Cleveland St., Ste. 228 Virginia Beach, VA 23462		Representing: Cardiovascular Associates LTD				Notice Only
Account No.		06/2012				
Creditor #: 14 Cox Communications 1341 Crossways Boulevard Chesapeake, VA 23320	H					83.00
Account No.						
Corporation Service Co, Reg Ag Cox Communications 1111 East Main Street Richmond, VA 23219		Representing: Cox Communications				Notice Only
Account No.						
Progressive Financial Service P.O. Box 22083 Tempe, AZ 85285		Representing: Cox Communications				Notice Only
Sheet no. <u>6</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						83.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 15 Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606	H	01/2014 Collections				347.00
Account No. Creditor #: 16 Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606	H	04/2014 Collections				53.00
Account No. Creditor #: 17 Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606	H	02/2011 Collections				154.00
Account No. Creditor #: 18 Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606	H	02/2011 Collections				86.00
Account No. Creditor #: 19 Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606	H	03/2010 Collections				411.00
Sheet no. <u>7</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,051.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 20 Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606	H	11/2009 Collections				97.00
Account No. Creditor #: 21 DJ Orthopedics 2985 Scott St Vista, CA 92081	H	08/2013 Medical				75.00
Account No. Creditor #: 22 Emerg. Phys. of Tidewater P.O. Box 7549 Portsmouth, VA 23707	H	04/14 Medical				373.00
Account No. Creditor #: 23 EnerBank USA 1245 Brickyard Rd Salt Lake City, UT 84106	H	04/2009 Credit Card				7,313.00
Account No. Creditor #: 24 GE Money Bank P.O. Box 960061 Orlando, FL 32896	H	01/2014				7,615.00
Sheet no. <u>8</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 15,473.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Cavalry Portfolio Service 500 Summit Lake Drive, Ste 400 Valhalla, NY 10595		Representing: GE Money Bank				Notice Only
Account No.						
Margaret M. Keane, President GE Money Bank/GE Capital Retai 170 W. Election Road, Ste. 125 Draper, UT 84020		Representing: GE Money Bank				Notice Only
Account No.						
Creditor #: 25 GECRB/Lowes PO Box 965005 Orlando, FL 32896	H	05/2009 Credit Card				3,997.00
Account No.						
Creditor #: 26 Hampton Roads Radiology P.O. Box 15539 Richmond, VA 23227	H	05/2014 Medical				391.00
Account No.						
Jeffrey D McTavish MD, Pres Hampton Roads Radiology 110 Kinglsey Ln. Ste 305 Norfolk, VA 23505		Representing: Hampton Roads Radiology				Notice Only
Sheet no. <u>9</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,388.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 27 Hampton Roads Radiology PO Box 15539 Richmond, VA 23227	H	03/2012 medical				152.00
Account No. Equidata P.O. Box 6610 Newport News, VA 23606		Representing: Hampton Roads Radiology				Notice Only
Account No. Jeffrey D McTavish MD, Pres Hampton Roads Radiology 110 Kinglsey Ln. Ste 305 Norfolk, VA 23505		Representing: Hampton Roads Radiology				Notice Only
Account No. Creditor #: 28 HSBC P.O. Box 5253 Carol Stream, IL 60197	H	03/2009 Credit Card				3,860.00
Account No. Creditor #: 29 HSBC P.O. Box 5253 Carol Stream, IL 60197	H	10/2004 Credit Card				1,964.00
Sheet no. <u>10</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,976.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 30 LVNV Funding LLC P.O. Box 10584 Greenville, SC 29603	H	04/2014 Collection				645.00
Account No. Creditor #: 31 M. Richard Epps, Esquire 605 Lynnhaven Parkway Suite 200 Virginia Beach, VA 23452	H	04/2014 Collections				12,248.00
Account No. Creditor #: 32 Medical Center Radiologists P.O. Box 890941 Charlotte, NC 28289	H	03/2009				103.00
Account No. Equidata P.O. Box 6610 Newport News, VA 23606		Representing: Medical Center Radiologists				Notice Only
Account No. Theodore Dorsay, MD, President Medical Center Radiologists 5544 Greenwich Rd., Ste. 200 Virginia Beach, VA 23462		Representing: Medical Center Radiologists				Notice Only
Sheet no. <u>11</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						12,996.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 33 Merrick Bank 10705 S. Jordan Gateway Suite 200 South Jordan, UT 84095	H	02/2003 Credit Card				4,755.00
Account No. Rick Uretia, President Merrick Bank 10705 S Jordan Gateway Ste 200 South Jordan, UT 84095		Representing: Merrick Bank				Notice Only
Account No. Creditor #: 34 Merrick Bank 10705 S. Jordan Gateway Suite 200 South Jordan, UT 84095	H	03/2004 Credit Card				931.00
Account No. Rick Uretia, President Merrick Bank 10705 S Jordan Gateway Ste 200 South Jordan, UT 84095		Representing: Merrick Bank				Notice Only
Account No. Creditor #: 35 Midland Credit Management P.O. Box 163250 Columbus, OH 43216	H	03/2014 Collections				6,584.00
Sheet no. <u>12</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 12,270.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 36 Midland Funding P.O. Box 60578 Los Angeles, CA 90060	H	04/2014 Collections				723.00
Account No. MCM 8875 Aero Drive Suite 200 San Diego, CA 92123		Representing: Midland Funding				Notice Only
Account No. Creditor #: 37 Midland Funding P.O. Box 60578 Los Angeles, CA 90060	H	04/2014 Collections				3,978.00
Account No. Creditor #: 38 Midland Funding P.O. Box 60578 Los Angeles, CA 90060	H	04/2014 Collection				6,884.00
Account No. Creditor #: 39 Midland Funding P.O. Box 60578 Los Angeles, CA 90060	H	04/2014 Collection				3,108.00
Sheet no. <u>13</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 14,693.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 40 Midland Funding P.O. Box 60578 Los Angeles, CA 90060	H	04/2014 Collection				2,283.00
Account No. Creditor #: 41 MRI & CT Diagnostics 4668 Pembroke Boulevard Suite 117 Virginia Beach, VA 23455	H	06/2009 med				593.00
Account No. Focused Recovery Solutions P.O. Box 63355 Charlotte, NC 28263		Representing: MRI & CT Diagnostics				Notice Only
Account No. Focused Recovery Solutions Inc 9701 Metropolitan Court Suite B Richmond, VA 23236		Representing: MRI & CT Diagnostics				Notice Only
Account No. Creditor #: 42 Sears 86 Annex Atlanta, GA 30386-0001	H	07/2009 Credit Card				539.00
Sheet no. <u>14</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,415.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 43 Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320	H	05/2014 Medical				915.00
Account No. David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502		Representing: Sentara				Notice Only
Account No. Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502		Representing: Sentara				Notice Only
Account No. Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502		Representing: Sentara				Notice Only
Account No. Creditor #: 44 Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320	H	05/2014 Medical				2,207.00
Sheet no. <u>15</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,122.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.							
David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502			Representing: Sentara				Notice Only
Account No.							
Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502			Representing: Sentara				Notice Only
Account No.							
Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502			Representing: Sentara				Notice Only
Account No.							
Creditor #: 45 Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320		H	02/2014 Medical				2,353.00
Account No.							
David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502			Representing: Sentara				Notice Only
Sheet no. <u>16</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,353.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502			Representing: Sentara				Notice Only
Account No. Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502			Representing: Sentara				Notice Only
Account No. Creditor #: 46 Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320		H	07/2013 Medical				49.00
Account No. David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502			Representing: Sentara				Notice Only
Account No. Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502			Representing: Sentara				Notice Only
Sheet no. <u>17</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;">Subtotal (Total of this page)</div>							49.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502		Representing: Sentara				Notice Only
Account No.		02/2014 Medical				300.00
Creditor #: 47 Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320	H					
Account No.		Representing: Sentara				Notice Only
David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502						
Account No.		Representing: Sentara				Notice Only
Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502						
Account No.		Representing: Sentara				Notice Only
Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502						
Sheet no. <u>18</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						300.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 48 Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320	H	12/2013				250.00
Account No. Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606		Representing: Sentara				Notice Only
Account No. David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502		Representing: Sentara				Notice Only
Account No. Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502		Representing: Sentara				Notice Only
Account No. Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502		Representing: Sentara				Notice Only
Sheet no. <u>19</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						250.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Representing: Sentara				Notice Only
Sentara Princess Anne 1925 Glenn Mitchell Drive Virginia Beach, VA 23456							
Account No.		H	06/2011				4,660.00
Creditor #: 49 Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320							
Account No.			Representing: Sentara				Notice Only
David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502							
Account No.			Representing: Sentara				Notice Only
Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502							
Account No.			Representing: Sentara				Notice Only
Optimum Outcomes 421 Fayetteville St Suite 600 Raleigh, NC 27601							
Sheet no. <u>20</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			4,660.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Sentara Healthcare P.O. Box 2156 Morrisville, NC 27560		Representing: Sentara				Notice Only	
Account No. Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502		Representing: Sentara				Notice Only	
Account No. Creditor #: 50 Sentara Leigh Hospital 830 Kempsville Road Norfolk, VA 23502		Medical H				2,000.00	
Account No. David L. Bernd, President Sentara Hospitals Norfolk 6015 Poplar Hall Dr., Ste 300 Norfolk, VA 23502		Representing: Sentara Leigh Hospital				Notice Only	
Account No. Creditor #: 51 Sentara Medical Group 838 Glenrock Road, Ste. 100 Norfolk, VA 23502		12/2013 H				221.00	
Sheet no. <u>21</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,221.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Credit Control Corp 11821 Rock Landing Drive Newport News, VA 23606			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Representing: Sentara Medical Group				Notice Only
Account No. David R. Maizel, MD, President Sentara Medical Group 835 Glenrock Rd. Norfolk, VA 23502			Representing: Sentara Medical Group				Notice Only
Account No. Howard P. Kern, President Sentara Healthcare 6015 Poplar Hall Dr #308 Norfolk, VA 23502			Representing: Sentara Medical Group				Notice Only
Account No. Sentara 535 Independence Parkway Suite 700 Chesapeake, VA 23320			Representing: Sentara Medical Group				Notice Only
Account No. Sentara Princess Anne 1925 Glenn Mitchell Drive Virginia Beach, VA 23456			Representing: Sentara Medical Group				Notice Only
Sheet no. <u>22</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 52 SME Superior Medical 175 Towerview Court Cary, NC 27513	H	01/2010 med				32.00
Account No. Kross, Liebrman & Stone, Inc 137 Trans Air Drive Morrisville, NC 27560-7211		Representing: SME Superior Medical				Notice Only
Account No. Creditor #: 53 Stevonn S. Warden MD 1004 First Colonial Rd Virginia Beach, VA 23454	H	04/2012 medical				133.00
Account No. Credit Control P.O. Box 120570 Newport News, VA 23612		Representing: Stevonn S. Warden MD				Notice Only
Account No. Credit Control P.O. Box 120568 Newport News, VA 23612		Representing: Stevonn S. Warden MD				Notice Only
Sheet no. <u>23</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						165.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.	H	01/2010 medical				329.00
Creditor #: 54 Surgery Center of Chesapeake 844 N. Battlefield Blvd Chesapeake, VA 23320						
Account No.		Representing: Surgery Center of Chesapeake				Notice Only
Credit Control P.O. Box 120570 Newport News, VA 23612						
Account No.	H	06/2011				16,810.00
Creditor #: 55 TCF Equipment Finance Inc 11100 Wayzata Blvd #801 Hopkins, MN 55305						
Account No.		Representing: TCF Equipment Finance Inc				Notice Only
ACS P.O. Box 922845 Sacramento, CA 94245						
Account No.	W	09/2012 Student Loans				43,792.00
Creditor #: 56 US Department of Education Great Lakes PO Box 530229 Atlanta, GA 30353-0229						
Sheet no. <u>24</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						60,931.00

B6F (Official Form 6F) (12/07) - Cont.

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Creditor #: 57 Virginia Institute Sports Med 1849 Old Donation Pkwy Virginia Beach, VA 23454		H	12/2012 Medical			80.00	
Account No. Creditor #: 58 VOA 5900 Lake Wright Drive Norfolk, VA 23502		H	04/2014 Medical			40.00	
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. <u>25</u> of <u>25</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) Total (Report on Summary of Schedules)	120.00 200,342.00

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Fort Storage 2744 Damn Neck Road Virginia Beach, VA 23453	10x20 storage unit, pays \$127.80 monthly

In re Edmond David Labiosa,
Shelley L Labiosa

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Edmond David Labiosa

Debtor 2 Shelley L Labiosa
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
- ☒ Not employed

Occupation

Disability

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☒ Employed

☐ Not employed

Teacher

Virginia Beach City Schools

2512 George Mason Dr
Virginia Beach, VA 23456

How long employed there?

9 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 4,952.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ 4,952.00

Debtor 1 Edmond David Labiosa
Debtor 2 Shelley L Labiosa

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 4,952.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 773.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 102.11
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 200.00
5e. Insurance	5e. \$ 0.00	\$ 1,342.84
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 2,417.95
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 2,534.05
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 840.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: VA Disability child support	8h.+ \$ 3,371.83	\$ 0.00
	\$ 0.00	\$ 56.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 3,371.83	\$ 896.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,371.83 + \$ 3,430.05	= \$ 6,801.88
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	6,801.88
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Edmond David Labiosa

Debtor 2 Shelley L Labiosa
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

5

☐ No

☒ Yes

Stepdaughter

12

☐ No

☒ Yes

Stepdaughter

15

☐ No

☒ Yes

Stepdaughter

17

☐ No

☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 992.50

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 51.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Edmond David Labiosa
Debtor 2 Shelley L Labiosa

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	342.00
6b. Water, sewer, garbage collection	6b. \$	225.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	460.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	1,055.00
8. Childcare and children's education costs	8. \$	840.00
9. Clothing, laundry, and dry cleaning	9. \$	100.00
10. Personal care products and services	10. \$	76.00
11. Medical and dental expenses	11. \$	500.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	370.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	40.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	197.00
15b. Health insurance	15b. \$	130.00
15c. Vehicle insurance	15c. \$	245.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
19. Other payments you make to support others who do not live with you. Specify: _____	18. \$	0.00
	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: <u>kid's sports</u> <u>contingency reserve</u>	21. +\$	250.00
	+\$	340.05
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	6,313.55
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	6,801.88
23b. Copy your monthly expenses from line 22 above.	23b. -\$	6,313.55
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	488.33

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain:

United States Bankruptcy Court
Eastern District of VirginiaIn re Edmond David Labiosa
Shelley L Labiosa

Debtor(s)

Case No.

Chapter 13**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 51 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date June 28, 2014Signature /s/ Edmond David LabiosaEdmond David Labiosa

Debtor

Date June 28, 2014Signature /s/ Shelley L LabiosaShelley L Labiosa

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Eastern District of Virginia

In re Edmond David Labiosa
Shelley L Labiosa

Debtor(s)

Case No.

Chapter 13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$28,881.89	2014 YTD: Wife
\$45,814.00	2013 Wife
\$45,777.00	2012-Wife

2. Income other than from employment or operation of business

None
☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$20,231.00	2014 YTD: Husband Disability

B7 (Official Form 7) (04/13)

2

AMOUNT	SOURCE
\$38,429.00	2013 h Disability
\$36,502.00	2012 H Disability
\$5,040.00	2014 SSI for kids
\$10,080.00	2013 SSI for kids
\$10,080.00	2012 SSI for kids
\$336.00	2014 W child support
\$672.00	2013 W child support
\$672.00	2012 W child support

3. Payments to creditors

None

☐

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Child Time	April, May, June child care	\$2,520.00	\$0.00

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None

☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Warwick of Courthouse Estates Community Association v. Labiosa, Edmond GV1412524-00	Warrant In Debt	Virginia Beach General Distric 2425 Nimmo Parkway Virginia Beach, VA 23456	Judgment
Courthouse Estates Community Association v. Labiosa, Edmond GV14016293-00	Warrant In Debt	Virginia Beach General Distric 2425 Nimmo Parkway Virginia Beach, VA 23456	Judgment
Courthouse Estates Community Association v. Labiosa, Edmond GV12030717-02	Garnishment	Virginia Beach General Distric 2425 Nimmo Parkway Virginia Beach, VA 23456	Closed
Capital One Bank (USA) NA v Labiosa, Edmond GV1401474-00	Warrant In Debt	Virginia Beach General Distric 2425 Nimmo Parkway Virginia Beach, VA 23456	Non - Suit
Capital One Bank (USA) NA v Labiosa, Edmond GV1401474-01	Garnishment	Virginia Beach General Distric 2425 Nimmo Parkway Virginia Beach, VA 23456	Closed

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Capital One Bank N.A. P.O. Box 85168 Richmond, VA 23286	9/15/2014	H- Garnish Bank of America, Na \$0.00
Courthouse Estates Community Association 4542 Bonney Road Ste D Virginia Beach, VA 23462	9/27/2013	H- Garnish USAA Bank Account \$0.00

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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B7 (Official Form 7) (04/13)

4

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Herrick & Hay, P.C. 281 Independence Blvd. Pembroke One, Suite 224 Virginia Beach, VA 23462	6/16/2014	\$400.00
Alliance Credit Counseling Inc 15720 John J Delaney Drive Suite 100 Charlotte, NC 28277	5/27/14	\$49.00
Summit Financial Education	6/27/2014	\$9.95

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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B7 (Official Form 7) (04/13)

5

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

B7 (Official Form 7) (04/13)

6

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Nansemond River Furniture Company	7375	2587 Quality CT Ste 118 Virginia Beach, VA 23454	Furniture Store	2004-2008

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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B7 (Official Form 7) (04/13)

7

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

B7 (Official Form 7) (04/13)

8

22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	<u>June 28, 2014</u>	Signature	<u>/s/ Edmond David Labiosa</u> Edmond David Labiosa Debtor
------	----------------------	-----------	---

Date	<u>June 28, 2014</u>	Signature	<u>/s/ Shelley L Labiosa</u> Shelley L Labiosa Joint Debtor
------	----------------------	-----------	---

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Eastern District of Virginia

In re Edmond David Labiosa
Shelley L Labiosa

Debtor(s)

Case No.

Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,000.00</u>
Prior to the filing of this statement I have received	\$	<u>400.00</u>
Balance Due	\$	<u>2,600.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (*specify*)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (*specify*) Chapter 13 Plan

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Other provisions as needed:

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

The Trustee shall reimburse debtor(s)' attorney for actual and necessary expenses not to exceed \$300. Debtor(s)' attorney shall provide the Trustee with an expense itemization prior to any such reimbursement.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 28, 2014

Date

/s/ Lorin D. Hay

Lorin D. Hay 16921

Signature of Attorney

Herrick & Hay, P.C.

Name of Law Firm

281 Independence Blvd.

Pembroke One, Suite 224

Virginia Beach, VA 23462

757-490-8080 Fax: 757-490-6683

Date June 28, 2014

Signature /s/ Edmond David Labiosa

Edmond David Labiosa

Debtor

Date June 28, 2014

Signature /s/ Shelley L Labiosa

Shelley L Labiosa

Joint Debtor

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$3,000

(For all Cases Filed on or after 10/17/2005)

**NOTICE TO DEBTOR(S) AND STANDING TRUSTEE
PURSUANT TO INTERIM PROCEDURE 2016-1(C)(7)**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C)(7)(a), you have ten (10) business days from the meeting of creditors in this case in which to file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 Trustee, and U. S. Trustee pursuant to Interim Procedure 2016-1(C)(7)(a) and Local Bankruptcy Rule 2002-1(D)(1)(f), by first-class mail or electronically.

June 28, 2014

Date

/s/ Lorin D. Hay

Lorin D. Hay 16921

Signature of Attorney

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Eastern District of Virginia**

In re	Edmond David Labiosa Shelley L Labiosa	Debtor(s)	Case No. Chapter	 13
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**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Edmond David Labiosa Shelley L Labiosa Printed Name(s) of Debtor(s)	X /s/ Edmond David Labiosa Signature of Debtor	June 28, 2014 Date
Case No. (if known)	X /s/ Shelley L Labiosa Signature of Joint Debtor (if any)	June 28, 2014 Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Eastern District of Virginia**

In re Edmond David Labiosa
Shelley L Labiosa

Debtor(s)

Case No.

Chapter 13

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette, by a typed hard copy in scannable format, with Request for Waiver attached, or uploaded by Electronic Case Filing is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

Master mailing list of creditors submitted via:

- (a) ___ computer diskette listing a total of ___ creditors; or
- (b) ___ scannable hard copy, with Request for Waiver attached, consisting of ___ pages, listing a total of ___ creditors; or
- (c) X uploaded via Electronic Case Filing a total of 91 creditors.

Date: June 28, 2014

/s/ Edmond David Labiosa

Edmond David Labiosa

Signature of Debtor

Date: June 28, 2014

/s/ Shelley L Labiosa

Shelley L Labiosa

Signature of Debtor

[Check if applicable] ___ Creditor(s) with
foreign addresses included on disk/hard copy.

Edmond David Labiosa
Shelley L Labiosa
3149 Nansemond Loop
Virginia Beach, VA 23456

Capital One Bank N.A.
P.O. Box 85168
Richmond, VA 23286

Courthouse Estates Community
Association
4542 Bonney Road Ste D
Virginia Beach, VA 23462

Aargon Agency Inc.
8668 W Spring Mountain
Las Vegas, NV 89117

Capital One Bank N.A.
P.O. Box 85167
Richmond, VA 23285

Cox Communications
1341 Crossways Boulevard
Chesapeake, VA 23320

ACS
P.O. Box 922845
Sacramento, CA 94245

Cardiovascular Associates LTD
5700 Cleveland Street, Ste 228
Virginia Beach, VA 23462

Credit Control
P.O. Box 120570
Newport News, VA 23612

ALG Trustee LLC c/o
Atlantic Law Group, LLC
P.O. Box 2548
Leesburg, VA 20177

Cavalry Portfolio Service
500 Summit Lake Drive, Ste 400
Valhalla, NY 10595

Credit Control
P.O. Box 120568
Newport News, VA 23612

Asset Acceptance LLC
Direct Merchant Bank
P.O. Box 2036
Warren, MI 48090-2036

Central Wholesale Supply Corp
Steven W. Dominick, President
1532 Ingleside Rd
Norfolk, VA 23502

Credit Control Corp
11821 Rock Landing Drive
Newport News, VA 23606

Atlantic Anesthesia, Inc.
134 Business Park Drive
Virginia Beach, VA 23462

City of Virginia Beach
Treasurer
2401 Courthouse Dr. #117
Virginia Beach, VA 23456

David L. Bernd, President
Sentara Hospitals Norfolk
6015 Poplar Hall Dr., Ste 300
Norfolk, VA 23502

Atlantic Law Group LLC
1602 Village Market Blvd SE
Suite 310
Leesburg, VA 20175

Civil Process Clerk (BK)
United States Attorney's Office
101 West Main Street
Norfolk, VA 23510

David R. Maizel, MD, President
Sentara Medical Group
835 Glenrock Rd.
Norfolk, VA 23502

Atlantic Orthopaedic Specialist
230 Clearfield Avenue
Suite 124
Virginia Beach, VA 23462

Cooper, Spong & Davis
200 High Street, Suite 500
P.O. Box 1475
Portsmouth, VA 23705

DJ Orthopedics
2985 Scott St
Vista, CA 92081

Bank of America Home Loans
Attn Customer Service
PO Box 5170
Simi Valley, CA 93062

Corporation Service Co, Reg Ag
Cox Communications
1111 East Main Street
Richmond, VA 23219

Dominion Law Associates
222 Central Park Avenue #210
Virginia Beach, VA 23462

Brian T. Moynihan, President
Bank of America
100 North Tryon St. 18th Fl.
Charlotte, NC 28255-0001

Courthouse Estates Comm. Assoc
Gerri Scholl, President
525 S. Independence Blvd, #200
Virginia Beach, VA 23452

Dr. Paul Warren
TRC Center, Suite 124
230 Clearfield Avenue
Virginia Beach, VA 23462-1832

EnerBank USA
1245 Brickyard Rd
Salt Lake City, UT 84106

Hampton Roads Radiology
PO Box 15539
Richmond, VA 23227

Law office of William Parkhurs
397 Little Neck Blvd
Ste 310
Virginia Beach, VA 23452

Equidata
P.O. Box 6610
Newport News, VA 23606

Howard P. Kern, President
Sentara Healthcare
6015 Poplar Hall Dr #308
Norfolk, VA 23502

LVNV Funding LLC
P.O. Box 10584
Greenville, SC 29603

Focused Recovery Solutions
P.O. Box 63355
Charlotte, NC 28263

HSBC
P.O. Box 5253
Carol Stream, IL 60197

M. Richard Epps, Esquire
605 Lynnhaven Parkway
Suite 200
Virginia Beach, VA 23452

Focused Recovery Solutions Inc
9701 Metropolitan Court
Suite B
Richmond, VA 23236

HSBC Bank Nevada
Paul J. Lawrence, President
1800 Tysons Blvd, Ste 50
Mc Lean, VA 22102

Margaret M. Keane, President
GE Money Bank/GE Capital Retai
170 W. Election Road, Ste. 125
Draper, UT 84020

Ford Motor Credit
Omaha Service Center
PO Box 542000
Omaha, NE 68154-8000

HSBC Bank Nevada NA
Bass & Associates, P.C.
3936 E. Ft. Lowell Rd, Ste 200
Tucson, AZ 85712

Mark D. Stiles, Esquire
Office of the City Attorney
2401 Courthouse Drive
Virginia Beach, VA 23456

Ford Motor Credit Company
PO Box 390910
Minneapolis, MN 55439

HSBC Bank Nevada NA
222 Central Park Ave
Virginia Beach, VA 23462

MCM
8875 Aero Drive
Suite 200
San Diego, CA 92123

G. Byron Work, MD, President
Atlantic Anesthesia Inc.
134 Business Park Dr.
Virginia Beach, VA 23462

IRS
P.O. Box 7346
Philadelphia, PA 19101-7346

Medical Center Radiologists
P.O. Box 890941
Charlotte, NC 28289

GE Money Bank
P.O. Box 960061
Orlando, FL 32896

J. Abbott Byrd, III MD, Pres.
Vann-Virginia Ctr Ortho. P.C.
230 Clearfield Ave., Ste. 124
Virginia Beach, VA 23462

Merrick Bank
10705 S. Jordan Gateway
Suite 200
South Jordan, UT 84095

GECRB/Lowes
PO Box 965005
Orlando, FL 32896

Jeffrey D McTavish MD, Pres
Hampton Roads Radiology
110 Kinglsey Ln. Ste 305
Norfolk, VA 23505

Midland Credit Management
P.O. Box 163250
Columbus, OH 43216

Midland Funding
P.O. Box 60578
Los Angeles, CA 90060

Sentara Leigh Hospital
830 Kempsville Road
Norfolk, VA 23502

PCF Equipment Finance Inc
11100 Wayzata Blvd #801
Hopkins, MN 55305

MRI & CT Diagnostics
4668 Pembroke Boulevard
Suite 117
Virginia Beach, VA 23455

Sentara Medical Group
838 Glenrock Road, Ste. 100
Norfolk, VA 23502

Theodore Dorsay, MD, President
Medical Center Radiologists
5544 Greenwich Rd., Ste. 200
Virginia Beach, VA 23462

Optimum Outcomes
421 Fayetteville St
Suite 600
Raleigh, NC 27601

Sentara Princess Anne
1925 Glenn Mitchell Drive
Virginia Beach, VA 23456

Thomas & Associates PC
4176 S. Plaza Trail
Suite 128
Virginia Beach, VA 23452

Progressive Financial Service
P.O. Box 22083
Tempe, AZ 85285

SME Superior Medical
175 Towerview Court
Cary, NC 27513

United States Attorney General
U.S. Dept. of Justice, Tax Div
P.O. Box 227, Ben Franklin Sta
Washington, DC 20044

Randolph,Boyd,Cherry & Vaughan
Ford Motor Credit Company LLC
13 East Main Street
Richmond, VA 23219

Sonny's Mechanical Serv. Inc
Everette H. Conner, Jr, Pres.
1296 Credle Rd Unit B
Virginia Beach, VA 23454

US Department of Education
Great Lakes
PO Box 530229
Atlanta, GA 30353-0229

Richard D. Fairbank, President
Capital One Bank
1680 Capital One Drive
Mc Lean, VA 22102

Sonnys Mechancial Service Inc
4176 South Plaza Trl
Ste 128
Virginia Beach, VA 23452

Virginia Employment Commission
703 East Main Street
Richmond, VA 23218-1358

Rick Uretia, President
Merrick Bank
10705 S Jordan Gateway Ste 200
South Jordan, UT 84095

State Farm Insurance Companies
5400 New Albany Rd East
New Albany, OH 43054

Virginia Institute Sports Med
1849 Old Donation Pkwy
Virginia Beach, VA 23454

Sears
86 Annex
Atlanta, GA 30386-0001

State Farm Life Insurance
Edward B. Rust, Jr., President
One State Farm Plaza
Bloomington, IL 61710

VOA
5900 Lake Wright Drive
Norfolk, VA 23502

Sentara
535 Independence Parkway
Suite 700
Chesapeake, VA 23320

Stevonn S. Warden MD
1004 First Colonial Rd
Virginia Beach, VA 23454

Warrick of Courthouse Estates
4542 Bonney Road
Virginia Beach, VA 23456

Sentara Healthcare
P.O. Box 2156
Morrisville, NC 27560

Surgery Center of Chesapeake
844 N. Battlefield Blvd
Chesapeake, VA 23320

Wayne D. Old, President
Cardiovascular Associates
5700 Cleveland St., Ste. 228
Virginia Beach, VA 23462

B 22C (Official Form 22C) (Chapter 13) (04/13)

In re Edmond David Labiosa
Shelley L Labiosa
 Debtor(s)
 Case Number: _____
 (If known)

According to the calculations required by this statement:

- ☒ The applicable commitment period is 3 years.
☐ The applicable commitment period is 5 years.
☐ Disposable income is determined under § 1325(b)(3).
☒ Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME																		
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				Column A	Column B												
				Debtor's	Spouse's													
				Income	Income													
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$ 3,371.83	\$ 4,967.92												
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b. Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c. Business income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a. Gross receipts	\$ 0.00	\$ 0.00	b. Ordinary and necessary business expenses	\$ 0.00	\$ 0.00	c. Business income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
	Debtor	Spouse																
a. Gross receipts	\$ 0.00	\$ 0.00																
b. Ordinary and necessary business expenses	\$ 0.00	\$ 0.00																
c. Business income	Subtract Line b from Line a																	
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c. Rent and other real property income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a. Gross receipts	\$ 0.00	\$ 0.00	b. Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00	c. Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
	Debtor	Spouse																
a. Gross receipts	\$ 0.00	\$ 0.00																
b. Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00																
c. Rent and other real property income	Subtract Line b from Line a																	
5	Interest, dividends, and royalties.				\$ 0.00	\$ 0.00												
6	Pension and retirement income.				\$ 0.00	\$ 0.00												
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.				\$ 0.00	\$ 56.00												
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				\$ 0.00	\$ 0.00												
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00												

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
		Debtor	Spouse	
	a.	\$	\$	
	b.	\$	\$	
				\$ 0.00 \$ 0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).		\$ 3,371.83	\$ 5,023.92
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		\$ 8,395.75	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11		\$ 8,395.75
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.	\$	
	b.	\$	
	c.	\$	
	Total and enter on Line 13		\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.		\$ 8,395.75
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.		\$ 100,749.00
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: <u>VA</u> b. Enter debtor's household size: <u>6</u>		\$ 108,477.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.		
	<input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.		
	<input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.		

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.		\$ 8,395.75
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.	\$	
	b.	\$	
	c.	\$	
	Total and enter on Line 19.		\$ 0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.		\$ 8,395.75

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 100,749.00																								
22	Applicable median family income. Enter the amount from Line 16.	\$ 108,477.00																								
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.																									
Part IV. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.	\$																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 40%;">Allowance per person</td> <td style="width: 15%;"></td> <td style="width: 5%;">a2.</td> <td style="width: 40%;">Allowance per person</td> <td style="width: 15%;"></td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td></td> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>			Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal	
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.	\$																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rent expense</td> <td style="width: 40%;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>			a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.															
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$																								
c.	Net mortgage/rental expense	Subtract Line b from Line a.																								
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$																								

27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$									
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$									
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.</p>	\$									
34	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$									
35	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$									
36	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.</p>	\$									

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$							
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		\$							
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37										
39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		\$							
	<table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table>	a.		Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account
a.	Health Insurance	\$								
b.	Disability Insurance	\$								
c.	Health Savings Account	\$								
Total and enter on Line 39			\$							
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$										
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.		\$							
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$							
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$							
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$							
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.		\$							
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.		\$							
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.		\$							

Subpart C: Deductions for Debt Payment

47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.			
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance
	a.		\$	<input type="checkbox"/> yes <input type="checkbox"/> no
			Total: Add Lines	\$
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a.		\$	
			Total: Add Lines	
			\$	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.			\$
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.			
	a.	Projected average monthly Chapter 13 plan payment.	\$	
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	
			\$	
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.			\$
Subpart D: Total Deductions from Income				
52	Total of all deductions from income. Enter the total of Lines 38, 46, and 51.			\$
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)				
53	Total current monthly income. Enter the amount from Line 20.			\$
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.			\$
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).			\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.			\$

57	<p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Nature of special circumstances</th> <th style="width: 10%;">Amount of Expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of Expense	a.		\$	b.		\$	c.		\$			Total: Add Lines	\$
	Nature of special circumstances	Amount of Expense															
a.		\$															
b.		\$															
c.		\$															
		Total: Add Lines															
58	<p>Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.</p>	\$															
59	<p>Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.</p>	\$ 															

Part VI. ADDITIONAL EXPENSE CLAIMS

60	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Expense Description</th> <th style="width: 30%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines a, b, c and d</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$			Total: Add Lines a, b, c and d
	Expense Description	Monthly Amount																	
a.		\$																	
b.		\$																	
c.		\$																	
d.		\$																	
		Total: Add Lines a, b, c and d																	

Part VII. VERIFICATION

61	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Date: <u>June 28, 2014</u></p> </div> <div style="width: 45%;"> <p>Signature: <u>/s/ Edmond David Labiosa</u> Edmond David Labiosa (Debtor)</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Date: <u>June 28, 2014</u></p> </div> <div style="width: 45%;"> <p>Signature: <u>/s/ Shelley L Labiosa</u> Shelley L Labiosa (Joint Debtor, if any)</p> </div> </div>
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Current Monthly Income Details for the Debtor**Debtor Income Details:**

Income for the Period 12/01/2013 to 05/31/2014.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: VA Disability

Income by Month:

6 Months Ago:	12/2013	\$3,371.83
5 Months Ago:	01/2014	\$3,371.83
4 Months Ago:	02/2014	\$3,371.83
3 Months Ago:	03/2014	\$3,371.83
2 Months Ago:	04/2014	\$3,371.83
Last Month:	05/2014	\$3,371.83
Average per month:		\$3,371.83

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**

Income for the Period 12/01/2013 to 05/31/2014.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Virginia Beach Schools

Income by Month:

6 Months Ago:	12/2013	\$4,952.44
5 Months Ago:	01/2014	\$5,045.33
4 Months Ago:	02/2014	\$4,952.44
3 Months Ago:	03/2014	\$4,952.44
2 Months Ago:	04/2014	\$4,952.44
Last Month:	05/2014	\$4,952.44
Average per month:		\$4,967.92

Line 7 & 54 - Child support income (including foster care and disability)

Source of Income: child support

Income by Month:

6 Months Ago:	12/2013	\$56.00
5 Months Ago:	01/2014	\$56.00
4 Months Ago:	02/2014	\$56.00
3 Months Ago:	03/2014	\$56.00
2 Months Ago:	04/2014	\$56.00
Last Month:	05/2014	\$56.00
Average per month:		\$56.00